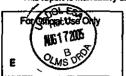
U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 88-257 as amended. Faiture to comptly may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 8788	2 Fiscal Year Covered From:				
	1 / 1 / 2004 Through 12 /31 / 2004				
3 Name and address of person filing.	4 Name	file number and add	ress of labor org	antzation	
Name Dennis C Duffey	Name International Brotherhood of				
	Labor	Electrica Organization File Num		cs_Local 8 072	
PO Box, Bidg., Room No if any	РОВ	ox Building and Roor	n Number if any	·	
Street 13065 Neowash	Street	807 Lıme	City Ro	oad	
Cay Grand Rapids	City	Rossford			
State Oh10 ZIP Code + 4 43522-96	55 State	Ohio		ZIP Code + 4 434	160-161
5 Position in labor organization Business Manager				,	
Name Trade Name If any					
PO Box Bldg Room No if any	7.b Amo				
Street	7.5 / 1111				
City					
State ZIP Code + 4					
	nature				
15. Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true correct, and complete (See the, see	ying docum	nts) has been exam	ined by the signa	tory and is to the bes	
signed O · C. Duffey	On [8-1-2005 Date		75-5415 Telephone Number	

Name of Person Filing Dennis C Duffey		File Number U-					
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the busines wely seeking to represent, or irectly to or otherwise	s					
8 Name and address of Business (including trade name if any)	9 Business deals with						
Name N W O Electrical Administrator	S X a Labor Organiza	ation					
PO Box Bidg Room No If any PO Box 60408	b Trust						
Street 727 Lime_City_Road	C. C. Elifonyor						
City Rossford ZIP Code + 443460 - 164							
10 If 9 b or 9.c. is checked give trust or employer's name	11.a Nature of such deal	ing					
Name	Educational	Conference					
Trade Name if any							
PO Box Bldg Room No If any							
Cay	11 b Approximate dollar val	420-4-0-0					
State ZIP Code + 4	Expense rep	Educational Conference cort/receipts on file at cal Administrator's office					
	12.b Amount.						
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value							
_13.a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment						
Name Cosme, D'Angelo, & Szollosi, LPA	windshir	rt					
Trade Name if any							
PO Box Bidg Room No if any							
Street 202 N. Erie St.							
City Toledo) 8						
13 b Is the Business an Employer or Consultant X ?	14 b Amount of payment.	\$37.00					

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Dennis C	Duffey File Number
Fiscal year	covered from 1/1/2004 through 12/31/2004
8	Various Fund Managers Pertinent information unknown
9	Business deals with a Labor Organization
11 a	Nature of such dealing Golf outing at Educational Conference
11 b	Approximate dollar value of such dealing Value unknown

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Duffey ———————————————————————————————————	File Number
covered from	1/1/2004 through 12/31/2004
Chartwell Investment 1235 Westlakes Dr S Berwyn, PA 19312-24	Suite 400
Business deals with a Labor Organiz	zation
Nature of such dealing Golf outing at Educati	
Approximate dollar va	alue of such dealing
	Chartwell Investment 1235 Westlakes Dr S Berwyn, PA 19312-24 Business deals with a Labor Organiz Nature of such dealing Golf outing at Educat

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